



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

**FINANCIAL AND ADMINISTRATIVE
SERVICES
CUSTODIAN OF RECORDS**

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REQUEST FOR PUBLIC RECORDS

The undersigned hereby requests a copy of the record prepared and maintained in the ordinary course of business concerned at or near the time of the act, condition, or event which they depict by the County of Orange Health Care Agency.

The records requested are public documents and are not protected by Federal or State confidentiality statutes. Nevertheless, should any confidential information pertaining to individuals or entities, corporations, partnerships, or organizations be inadvertently included in any of the records, the undersigned agrees to protect that confidentiality and recognized that unauthorized release or disclosure of confidential information may make the undersigned subject to civil action under provision of Federal and California statutes.

The undersigned understands that the County will charge \$0.15 per page copied. If request is to be canceled, this office must be notified at the above number within ten (10) days of receipt of request, otherwise cost incurred will be charged to the undersigned.

Specific records are: _____

Records are required for the purpose of: _____

SIGNATURE of Requester

PRINT Name of Requester (and Company Name - if applicable)

PRINT Street Address

Area Code & Phone Number

PRINT City, State & Zip Code
F042-01.1951

DATE